



Inland Counties Emergency Medical Agency

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Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: November 15, 2019

TO: EMS Providers - ALS, LALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Medical Advisory Committee (MAC) Members
Systems Advisory Committee (SAC) Members

FROM: Tom Lynch
EMS Administrator

Reza Vaezazizi, MD
Medical Director

**SUBJECT: IMPLEMENTATION OF POLICIES/PROTOCOLS EFFECTIVE
DECEMBER 1, 2019**

The policies listed below will be effective December 1, 2019.

ICEMA Reference Number and Name

1120	EMT-P Student Field Internship Requirements
6090	Fireline Paramedic
6110	Tactical Medicine for Special Operations

Please insert and replace the attached policies and the Table of Contents in the EMS Policy, Procedure and Protocol Manual with the updated documents and ensure every station or facility has a reference copy. The ICEMA policies and protocols can also be found on ICEMA's website at www.ICEMA.net under the EMS Policy, Procedure and Protocol Manual section.

If you have any questions, please contact Suzee Kolodzik, EMS Specialist, at (909) 388-5820 or via e-mail at susan.kolodzik@cao.sbcounty.gov.

TL/RV/SK/jlm

Attachments

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POLICIES/PROTOCOLS CHANGES EFFECTIVE DECEMBER 1, 2019

Reference #	Name	Changes
DELETIONS		
None		
NEW		
None		
1000 ACCREDITATION AND CERTIFICATION		
1120	EMT-P Student Field Internship Requirements	Updated policy to improve efficiency of preceptor approval process.
2000 DATA COLLECTION		
None		
3000 EDUCATION		
None		
4000 QUALITY IMPROVEMENT		
None		
5000 MISCELLANEOUS SYSTEM POLICIES		
None		
6000 SPECIALTY PROGRAM/ PROVIDER POLICIES		
6090	Fireline Paramedic	Increased amount for Ketamine range allowance.
6110	Tactical Medicine for Special Operations	Increased amount for Ketamine range allowance.
7000 STANDARD DRUG & EQUIPMENT LISTS		
None		
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
None		
9000 GENERAL PATIENT CARE POLICIES		
None		
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		
None		
12000 END OF LIFE CARE		
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		

POLICIES/PROTOCOLS CHANGES EFFECTIVE DECEMBER 1, 2019

Reference #	Name	Changes
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		

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SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
1000	CERTIFICATION, ACCREDITATION and AUTHORIZATION	
1030	EMT Certification	08/15/17
1040	EMT-P Accreditation	06/18/19
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport	04/01/16
1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process	08/15/14
1090	Criminal History Background Checks (Live Scan)	08/15/14
1100	AEMT Certification	07/01/15
1110	RCP Authorization	04/01/16
1120	EMT-P Student Field Internship Requirements REVISED	12/01/19
2000	DATA COLLECTION	
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2040	Requirements for Patient Care Reports	03/15/17
2050	Requirements for Collection and Submission of EMS Data	12/01/16
3000	EDUCATION	
3020	Continuing Education Provider Requirements	01/22/19
3030	EMT Continuing Education Requirements	01/22/19
3050	Public Safety First Aid And CPR Training Program Approval	01/22/19
3060	Public Safety Optional Skills Course Approval	01/22/19
3070	Tactical Casualty Care Course Approval	01/22/19
4000	QUALITY IMPROVEMENT	
4010	Continuous Quality Improvement Plan	02/28/11
5000	MISCELLANEOUS SYSTEM POLICIES	
5010	Licensure Changes 911 Receiving Hospitals	01/01/10
5020	Base Hospital Selection Criteria	07/15/00
5030	Review of Policies and Protocols	02/01/16
5040	Radio Communication Policy	02/01/16
5050	Medical Response to a Multi-Casualty Incident	04/01/13
5050 I/Mono Annex	Inyo and Mono Counties Medical Response to a Multi-Casualty Incident	05/01/11
5060	MCI Definitions/Key ICS Positions	01/01/10
5070	Medical Response to Hazardous Materials/Terrorism Incident	04/01/13
5080	ICEMA Ground Based Ambulance Rate Setting Policy-San Bernardino County	05/08/12
5100	Triage Tag Tuesday	04/10/18
6000	SPECIALTY PROGRAM/PROVIDER POLICIES	
6010	Paramedic Vaccination Policy	04/01/13
6060	Specialty and Optional Scope Program Approval	08/15/19
6070	ST Elevation Myocardial Infarction Critical Care System Designation (<i>San Bernardino County Only</i>)	08/15/19
6080	Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer	04/01/13
6090	Fireline Paramedic REVISED	12/01/19
6100	Stroke Critical Care System Designation (<i>San Bernardino County Only</i>)	08/15/19

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6110	Tactical Medicine For Special Operations REVISED	12/01/19
6120	Emergency Medical Dispatch Center Requirements (<i>San Bernardino County Only</i>)	08/15/13
6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories	08/15/13
6150	Trial Study Participation	03/01/15
6170	ChemPack Deployment	04/15/18
7000	STANDARD DRUG & EQUIPMENT LISTS	
7010	BLS/LALS/ALS Standard Drug and Equipment List	08/15/19
7020	EMS Aircraft Standard Drug and Equipment List	08/15/19
7030	Controlled Substance Policy	07/15/19
7040	Medication - Standard Orders	10/01/19
8000	TRANSPORT/TRANSFERS AND DESTINATION POLICIES	
8010	Interfacility Transfer Guidelines	10/15/16
8020	Specialty Care Transport	04/01/16
8050	Transport of Patients (BLS)	04/15/18
8060	Requests for Ambulance Redirection and Hospital Diversion (<i>San Bernardino County Only</i>)	08/15/19
8070	Aircraft Rotation Policy (<i>San Bernardino County Only</i>)	04/01/13
8090	Fort Irwin Continuation of Care	10/15/16
8120	Continuation of Care (<i>San Bernardino County Only</i>)	08/15/19
8130	Destination Policy	08/15/19
8140	Transport Policy (<i>Inyo County Only</i>)	12/15/15
8150	Ambulance Patient Offload Delay	12/15/16
8160	Emergency Medical Transport of Police Dogs - Pilot Project (<i>San Bernardino County Only</i>)	01/01/19
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9000	GENERAL PATIENT CARE POLICIES	
9010	General Patient Care Guidelines	11/01/18
9020	Physician on Scene	06/18/19
9030	Responsibility for Patient Management Policy	06/18/19
9040	Reporting Incidents of Suspected Abuse Policy (Revised)	08/15/19
9050	Organ Donor Information	06/18/19
9060	Local Medical Emergency Policy	02/01/14
9070	Applying Patient Restraints Guidelines	11/01/18
9080	Care of Minors in the Field	02/01/16
9090	Patient Refusal of Care - Adult	06/01/14
9110	Treatment of Patients with Airborne Infections and Transport Recommendations	06/18/19
9120	Nausea and Vomiting	12/01/14
9130	Shock (Non-Traumatic)	10/01/19
10000	SKILLS	
10190	Procedure - Standard Orders (Revised)	07/15/19
11000	ADULT EMERGENCIES (15 YEARS OF AGE AND OLDER)	
11010	Respiratory Emergencies - Adult	10/01/19
11020	Airway Obstruction - Adult	08/15/14
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11060	Suspected Acute Myocardial Infarction (AMI)	08/15/19
11070	Cardiac Arrest - Adult	08/15/19
11080	Altered Level of Consciousness/Seizures - Adult	07/15/19
11100	Burns - Adult	07/15/19
11110	Stroke Treatment - Adult	08/15/19
11120	Ventricular Assist Device (VAD)	04/15/18
11130	Psychiatric/Behavioral Emergencies - Adult	11/01/18
11140	Pain Management - Adult	08/15/19
11150	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity	07/15/19
12000	END OF LIFE CARE	
12010	Determination Of Death on Scene	08/15/19
12020	End of Life Care and Decisions	10/15/16
13000	ENVIRONMENTAL EMERGENCIES	
13010	Poisonings	04/15/18
13020	Heat Related Emergencies	08/15/14
13030	Cold Related Emergencies	06/01/15
13040	Nerve Agent Antidote Kit (Training, Storage and Administration)	04/15/18
14000	PEDIATRIC EMERGENCIES (LESS THAN 15 YEARS OF AGE)	
14010	Respiratory Emergencies - Pediatric	10/01/19
14020	Airway Obstruction - Pediatric	07/15/19
14030	Allergic Reactions - Pediatric	04/15/18
14040	Cardiac Arrest - Pediatric	08/15/19
14050	Altered Level of Consciousness - Pediatric	07/15/19
14060	Seizure - Pediatric	07/15/19
14070	Burns - Pediatric	04/15/18
14080	Obstetrical Emergencies	08/01/18
14090	Newborn Care	08/15/19
15000	TRAUMA	
15010	Trauma - Adult (15 years of age and older) (Revised)	07/15/19
15020	Trauma - Pediatric (Less than 15 years of age) (Revised)	07/15/19
15030	Trauma Triage Criteria	02/01/16
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	10/15/13
16000	PUBLIC SAFETY FIRST AID POLICIES	
16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)	04/15/18
16020	Nerve Agent Exposure (Authorized Public Safety Personnel)	04/15/18
16030	Opioid Overdose (Authorized Public Safety Personnel)	04/15/18
16040	Respiratory Distress (Authorized Public Safety Personnel)	04/15/18
16050	Optional Skills and Medications (Authorized Public Safety Personnel)	01/22/19
16060	Public Safety AED Service Provider	01/22/19



EMT-P STUDENT FIELD INTERNSHIP REQUIREMENTS

I. PURPOSE

To define the requirements for an Emergency Medical Technician - Paramedic (EMT-P) student intern to obtain a field internship in the ICEMA region.

II. DEFINITIONS

EMT-P Student Intern: An individual who is enrolled in an approved California EMT-P training program and is required to complete a field internship in order to become eligible for a California EMT-P license.

EMT-P Preceptor: An individual licensed as an EMT-P, who has been working for an ICEMA authorized Advanced Life Support (ALS) service provider as a licensed EMT-P in the field for at least two (2) years, or an individual licensed as an EMT-P who has worked a minimum of five (5) years with one year for an ICEMA authorized Advanced Life Support (ALS) service provider, and completed an ICEMA approved preceptor training workshop. EMT-P preceptors must be in good standing with their employer and not subject to any disciplinary action against their license. Each training program is responsible for ensuring that the field preceptor has the required experience and training.

NOTE: ICEMA approved preceptors are available to all training programs. ALS service providers may not reserve preceptors for specific training programs.

III. PRECEPTOR ELIGIBILITY

In order for an EMT-P preceptor to maintain a current preceptor status, the EMT-P must precept at least one (1) student within the 2-year period following the completion of the ICEMA approved preceptor training workshop. If the EMT-P preceptor does not precept a student within that two (2) year time frame, they will need to re-take an ICEMA approved workshop or they will be removed from the approved preceptor roster. Continual preceptorship of at least one (1) student in the subsequent two (2) year cycles will maintain current preceptor status without requiring attendance at another ICEMA approved preceptor training workshop.

IV. EMT-P STUDENT INTERN ELIGIBILITY

- To be eligible for an EMT-P student field internship within the ICEMA region, an EMT-P student intern must:
 - Be currently enrolled in and have successfully completed the didactic and clinical rotations of an approved EMT-P training program.

- Possess a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
- Possess a valid American Heart Association Advanced Cardiac Life Support (ACLS) card.
- Be currently certified as an EMT, a California AEMT, or be registered as an EMT-Intermediate with the NREMT.
- Have completed their hospital clinical shifts within the previous 90 days.

NOTE: CPR, ACLS, and EMT certification must be maintained throughout all phases of training.

V. PROCEDURE

ICEMA Approved EMT-P Training Program Student Intern

- The Program Director or clinical coordinator must submit the following documentation for each student interning in the ICEMA region:
 - The name of the qualified ICEMA preceptor and the name of the student they are assigned to. The program director or clinical coordinator must inform ICEMA of any changes in the assigned preceptor and/or ALS provider hosting the internship.
 - A letter verifying the training program administered an exam on ICEMA's policies and protocols and that the student successfully passed the exam.
 - The completed ICEMA Course Completion Record showing the date the student completed the clinical shifts (field internship must begin within 90 days from the end of the clinical rotation).
 - Copy of a current EMT, California AEMT certification or NREMT EMT-Intermediate.
 - Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.
 - Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

Out-of-Region EMT-P Training Program Student Intern

- The program director or clinical coordinator must submit the following documentation for each student interning in the ICEMA region:
 - A copy of the signed agreement between the training program and the approved ALS provider hosting the internship.
 - The name of the qualified ICEMA preceptor and the name of the student they are assigned to. The program director or clinical coordinator must inform ICEMA of any changes in the assigned preceptor and/or ALS provider hosting the internship.
 - The completed ICEMA Course Completion Form, showing the date the student completed the clinical shifts (field internship must begin within 90 days from the end of the clinical rotation).
 - Copy of a current EMT, California AEMT certification or NREMT EMT-Intermediate
 - Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.
 - Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
 - Evidence of an orientation to the ICEMA region, including policies and procedures.
- After ICEMA has approved all documents, the EMT-P student intern must schedule and pass the ICEMA EMT-P accreditation written examination with a minimum score of eighty percent (80%).
 - A candidate who fails to pass the ICEMA EMT-P accreditation written examination on the first attempt will be required to re-take the exam with a minimum passing score of eighty-five percent (85%).
 - Notification of the examination results shall be provided to the program director of the EMT-P training program.
 - An out-of-region EMT-P student intern may not begin internship prior to successfully passing the ICEMA written examination.



FIRELINE PARAMEDIC

I. PURPOSE

To provide guidance and medical oversight for an ICEMA paramedic (EMT-P) deployed to function as a fireline paramedic (FEMP).

This protocol is for use by authorized FEMPs during fire suppression activities and treatment of fire suppression personnel only.

II. REQUIREMENTS

- Must be a currently licensed paramedic in California.
- Must be currently accredited paramedic in the ICEMA region.
- Must be currently employed by an ICEMA approved ALS provider.
- The FEMP will follow FIREScope FEMP ICS 223-11 Position Manual and all other ICS protocols.
- The FEMP will check in and obtain briefing from the Logistics Section Chief or the Medical Unit Leader, if established. Briefing will include current incident situation, anticipated medical needs, and local emergency medical system orientation.
- The FEMP will provide emergency medical treatment to personnel operating on the fireline.
- The FEMP will follow ICEMA prior to contact protocols if unable to contact the assigned base station.
- The FEMP may not perform skills outside of the ICEMA scope of practice.

III. PROCEDURE

- The EMS provider will notify ICEMA of the deployment of the FEMP to an incident. Use the Fireline Paramedic (FEMP) Deployment Notification form, which is on the ICEMA website at ICEMA.net.
- The FEMP will carry inventory in the advanced life support (ALS) pack as per the below inventory list (see Section IV. Fireline EMT-P (ALS) Pack

Inventory. Inventory will be supplied and maintained by the employing provider agency. Additional items for restock should also be maintained and secured in a vehicle or in the Medical Unit trailer.

- Incident Medical Units may not have the capability of resupplying controlled substances (narcotics). Providers should stock sufficient quantities of medical supplies and medications, especially controlled substance medications, to assure adequate supplies and medications.
- Narcotics must be under double lock and maintained on the FEMP person or secured in his/her vehicle at all times as per the ICEMA Drug and Equipment List.
- FEMP may carry an inventory of controlled substances (i.e., Fentanyl, Ketamine and Midazolam) if authorized by the employing agency's Medical Director. The authorizing Medical Director is responsible to assure full compliance with all federal and state laws relating to purchase, storage and transportation of controlled substances. Only controlled substances approved for use in the ICEMA region may be carried and their use must be in accordance with current ICEMA patient care protocols.
- Radio communication failure protocols will not be used. Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- Documentation of patient care must follow ICEMA protocol utilizing the ePCR, if available, or a paper OIA form. All patient care records will be reviewed by the provider agency and ICEMA for QI purposes.
- A FEMP will be paired with a fireline EMT (FEMT) or another FEMP who will assist with basic life support (BLS) treatment and supplies.

IV. FIRELINE EMT-P (ALS) PACK INVENTORY

Minimum Requirements: The weight of the pack will dictate if the EMT-P chooses to carry additional ALS supplies.

MEDICATIONS/SOLUTIONS

Medications/Solutions	ALS
Albuterol Solution 2.5 mg Handheld Nebulizer or Multidose Inhaler	4
Atropine Sulfate 1 mg	2
Ipratropium Bromide Solution 0.5 mg Handheld Nebulizer or Multidose Inhaler	4

Medications/Solutions	ALS
Lidocaine 100 mg IV pre-load	2
Aspirin 80 mg chewable	1 bottle
Dextrose 10%/250 ml (D10W 25 gm) IV/IO Bolus	1
Diphenhydramine 50 mg	4
Epinephrine 1: 10,000 1 mg	2
Epinephrine 1: 1000 1 mg	4
Glucagon 1 mg	1
Nitroglycerin - Spray 0.4 metered dose and/or tablets (tablets to be discarded 90 days after opening)	1 (equivalent of 10 patient doses)
Saline 0.9% IV 1000 ml may be divided in two 500 ml bags or four 250 ml bags.	
Tranexamic Acid (TXA) 1 gm	1

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	ALS
Midazolam	20 mg
Fentanyl (amount determined by the medical director)	200 - 400 mcg
Ketamine	120 - 1000 mg

ALS AIRWAY EQUIPMENT

Airway Equipment	ALS
Endotracheal Tubes - 6.0, 7.0 and/or 7.5 cuffed with stylet	1 each
Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight	1 each
Laryngoscope handle with batteries - or 2 disposable handles	1 each
King Airway - Size 3, 4, and 5	1 each
ET Tube holder	1
End Tidal CO2 Detector	1
Needle Cricothyrotomy Kit	1
Needle Thoracostomy Kit	1

IV/MEDICATION ADMINISTRATION SUPPLIES

IV/Medication Administration Supplies	ALS
IV administration set macro drip	2
Venaguard	2
Alcohol preps	6
Betadine swabs	4
Tourniquet	2
Razor	1
Tape	1
IV catheters - 14, 16, 18 and 20 gauge	2
10cc syringe	2
1 cc TB syringe	2
18 gauge needle	4
25 gauge needle	2

MISCELLANEOUS EQUIPMENT

Miscellaneous	ALS
Sharps container	1
Narcotic storage per protocol	
FEMP pack inventory sheet	1
Patient care record or ePCR (Toughbook)	
AMA forms	3

Equipment	ALS
Compact AED or compact monitor defibrillator combination	
Appropriate cardiac pads	
Pulse oximetry (optional)	
Glucometer, test strips and lancets	4

The BLS pack and supplies will be carried by the FEMT or accompanying FEMP. Personal items and supplies cannot be carried in either the ALS pack or the BLS pack.



TACTICAL MEDICINE FOR SPECIAL OPERATIONS

I. PURPOSE

To provide medical oversight and continuous quality improvement and establish policies and procedures for Tactical Medicine for Special Operations first responders who respond as an integral part of a Special Weapons and Tactics (SWAT) operations.

II. POLICY

- Tactical Medicine for Special Operations shall be developed and utilized in accordance with the “California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations” document that can be located on the EMSA website at emsa.ca.gov.
- Tactical Medicine for Special Operations and Tactical Medics/Tactical TEMS Specialists (Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), Paramedics (EMT-Ps), and Registered Nurses (RNs)) shall be integrated into the local EMS system, in coordination with ICEMA, the local Emergency Medical Services (EMS) Agency (POST, 2010).
- Tactical Medicine for Special Operations shall be reviewed and approved by ICEMA.
- Administration of this policy applies to EMTs, AEMTs, EMT-Ps, and RNs providing medical services within an established EMS Agency and as part of a recognized Tactical Medicine Program.
 - The medical scope of practice for EMTs, AEMTs and EMT-Ps is consistent with Title 22, Division 9 and all ICEMA protocols.
- Tactical Medicine for Special Operations should designate a Tactical Medicine Program Director as defined within POST and EMSA guidelines.
- Tactical Medicine for Special Operations should designate a physician as a Tactical Medicine Medical Director “to provide medical direction, continuous quality improvement, medical oversight, and act as a resource for medical contingency planning” (POST, 2010).
- Tactical Medicine for Special Operations should have components pertaining to planning, medical oversight, quality improvement and training as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.1-7) and *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

- Tactical Medicine for Special Operations should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the identified mission as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.2).

III. PROCEDURE

- All agencies that intend to provide a Tactical Medicine for Special Operations that include EMTs, AEMTs, EMT-Ps and RNs, will:
 - Submit an original application indicating the type of program. The Specialty and Optional Scope Program Application is available on the ICEMA website at ICEMA.net.
 - Submit a copy of the proposed program to include all information as listed on the application.
 - Provide a list of all EMTs, AEMTs, EMT-Ps and RNs assigned to the Tactical Medicine for Special Operations.
 - Tactical medicine personnel must be:
 - EMTs and AEMTs must be California certified.
 - EMT-Ps must be California licensed and accredited by ICEMA.
 - RNs must be licensed as a Registered Nurse in California and an authorized Flight Nurse or MICN within the ICEMA region.
 - Participate in ICEMA approved Continuous Quality Improvement process.

IV. TRAINING

Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* (March 2010) or *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

V. DRUG AND EQUIPMENT LISTS

Equipment and supplies carried and utilized by Tactical Emergency Medical Support (TEMS) personnel shall be consistent with the items listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* document. Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular Tactical Medicine for Special Operations (TEMS BLS or TEMS ALS).

The Tactical Medicine for Special Operations standard list of drugs and equipment carried by TEMS BLS or TEMS ALS medical personnel must be reviewed and approved by ICEMA prior to issue or use by EMT or EMT-P personnel.

TACTICAL MEDICINE OPERATIONAL EQUIPMENT RECOMMENDATIONS

Medications	BLS	ALS
Albuterol 2.5 mg with Atrovent 0.5 mg MDI		1
Aspirin 81 mg		1 bottle
Atropine Sulfate 1 mg preload		1
Dextrose 50% 25 gm preload		1
Diphenhydramine 50 mg		2
Epinephrine (1:1000) 1 mg		2
Epinephrine (1:10,000) 1 mg preload		2
Glucagon 1 mg		1
Naloxone 2 mg preload		2
Nerve Agent Antidote (DuoDote)		1
Nitroglycerine 0.4 metered dose or tablets (tablets to be discarded 90 days after opening)		1
Normal Saline 500 ml		2
Ondansetron 4 mg IV/IM/oral tabs		4
Tranexamic Acid (TXA) 1 gm		1

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	BLS	ALS
Midazolam		20 mgs
Fentanyl		200 - 400 mcg
Ketamine		120 - 1000 mg

AIRWAY EQUIPMENT

Airway Equipment	BLS	ALS
Chest seal and Flutter Valve		1
End Tidal CO2 (device may be integrated into bag)		1
Endotracheal Tubes - 6.0 and/or 6.5, 7.0 and/or 7.5, and 8.0 and/or 8.5 with stylet		1 each

Airway Equipment	BLS	ALS
ET Tube holder		1
King LTS-D Size 4 and 5	1 each if approved	1 each
Laryngoscope Kit		1
Nasopharyngeal Airways Adult	1 set	1 set
Needle Cricothyrotomy Device		1
Needle Thoracostomy Kit		1
Suction (hand held)	1	1
Ventilation Bag collapsible (BVM)	1	1

IV/MONITORING EQUIPMENT

IV/Needle/Syringes	BLS	ALS
AED (with waveform monitoring preferred)	1	1
AED Pads	1	1
Blood Pressure Cuff	1	1
IO Device and Needles		1
IV Needles 14-20 Gauge		1 of each
IV Start Kit		1
IV Tubing		1
Pulse Oximeter (optional)		1
Saline Flush		2
Saline Lock		2
Stethoscope	1	1
Syringes 3 cc, 5 cc, 10 cc		1 each

DRESSING AND SPLINTING

Dressing/Splints	BLS	ALS
CoTCCC - Recommended tourniquet system	1	1
Elastic compression dressing	1	1
Latex free gloves	1	1
N95 Mask	1	1
Occlusive dressing	1	1
Roller bandage	1	1
Splint - semi-ridged moldable	1	1
Sterile gauze pads	1	1
Tape	1	1
Trauma dressing	1	1
Trauma shears	1	1
Dressing/Splints	BLS	ALS
Triangle bandage	1	1
Hemostatic impregnated gauze non-exothermic, i.e., Combat Gauze (optional)	2	2

MISCELLANEOUS EQUIPMENT

Miscellaneous Equipment	BLS	ALS
Litter	1	1
Patient care record	1	1
Personal protection equipment (PPE)	1	1
Triage tags	10	10
Tactical light	1	1
Eyewear	1	1
Rescue blanket	1	1
Self-heating blanket	1	1



EMT-P STUDENT FIELD INTERNSHIP REQUIREMENTS

I. PURPOSE

To define the requirements for an Emergency Medical Technician - Paramedic (EMT-P) student intern to obtain a field internship in the ICEMA region.

II. DEFINITIONS

EMT-P Student Intern: An individual who is enrolled in an approved California EMT-P training program and is required to complete a field internship in order to become eligible for a California EMT-P license.

EMT-P Preceptor: An individual licensed as an EMT-P, who has been working for an ICEMA authorized Advanced Life Support (ALS) service provider as a licensed EMT-P in the field for at least two (2) years, or an individual licensed as an EMT-P who has worked a minimum of five (5) years with one year for an ICEMA authorized Advanced Life Support (ALS) service provider, and completed an ICEMA approved preceptor training workshop. EMT-P preceptors must be in good standing with their employer and not subject to any disciplinary action against their license. Each training program is responsible for ensuring that the field preceptor has the required experience and training.

NOTE: ICEMA approved preceptors are available to all training programs. ALS service providers may not reserve preceptors for specific training programs.

III. PRECEPTOR ELIGIBILITY

In order for an EMT-P preceptor to maintain a current preceptor status, the EMT-P must precept at least one (1) student within the 2-year period following the completion of the ICEMA approved preceptor training workshop. If the EMT-P preceptor does not precept a student within that two (2) year time frame, they will need to re-take an ICEMA approved workshop or they will be removed from the approved preceptor roster. Continual preceptorship of at least one (1) student in the subsequent two (2) year cycles will maintain current preceptor status without requiring attendance at another ICEMA approved preceptor training workshop.

IV. EMT-P STUDENT INTERN ELIGIBILITY

➊ To be eligible for an EMT-P student field internship within the ICEMA region, an EMT-P student intern must:

➋ Be currently enrolled in and have successfully completed the didactic and clinical rotations of an approved EMT-P training program.

- ~~b.~~ Possess a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
- ~~e.~~ Possess a valid American Heart Association Advanced Cardiac Life Support (ACLS) card.
- ~~d.~~ Be currently certified as an EMT, a California AEMT, or be registered as an EMT-Intermediate with the NREMT.
- ~~e.~~ Have completed their hospital clinical shifts within the previous 90 days.

NOTE: CPR, ACLS, and EMT certification must be maintained throughout all phases of training.

IV. PROCEDURE

ICEMA Approved EMT-P Training Program Student Intern

- ~~1.~~ The Program Director or clinical coordinator must submit the following documentation for each student interning in the ICEMA region:
 - ~~a.~~ The name of the qualified ICEMA preceptor and the name of the student they are assigned to. The program director or clinical coordinator must inform ICEMA of any changes in the assigned preceptor and/or ALS provider hosting the internship.
 - ~~b.~~ A letter verifying the training program administered an exam on ICEMA's policies and protocols and that the student successfully passed the exam.
 - ~~e.~~ The completed ICEMA Course Completion Record showing ~~T~~the date the student completed the clinical shifts (field internship must begin within 90 days from the end of the clinical rotation).
 - ~~d.~~ Copy of a current EMT, California AEMT certification or NREMT EMT-Intermediate.
 - ~~e.~~ Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.

- f. Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

Out-of-Region EMT-P Training Program Student Intern

- 1. ~~The P~~program director or clinical coordinator must submit the following documentation for each student interning in the ICEMA region:

- a. A copy of the signed agreement between the training program and the approved ALS provider hosting the internship.
- b. The name of the qualified ICEMA preceptor and the name of the student they are assigned to. The program director or clinical coordinator must inform ICEMA of any changes in the assigned preceptor and/or ALS provider hosting the internship.
- e. ~~ICEMA Preceptors accepting out-of-region students must provide evidence to ICEMA of completion of an ICEMA approved preceptor training workshop from the sending out-of-region training institution.~~
- d. The completed ICEMA Course Completion Form, showing the date the student completed the clinical shifts (field internship must begin within 90 days from the end of the clinical rotation).
- e. Copy of a current EMT, California AEMT certification or NREMT EMT-Intermediate
- f. Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.
- g. Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
- h. Evidence of an orientation to the ICEMA region, including policies and procedures.

- 2. After ICEMA has approved all documents, the EMT-P student intern must schedule and pass the ICEMA EMT-P accreditation written examination with a minimum score of eighty percent (80%).

- a. A candidate who fails to pass the ICEMA EMT-P accreditation written examination on the first attempt will be required to re-take the exam with a minimum passing score of eighty-five percent (85%).

- | ~~➤b.~~ Notification of the examination results shall be provided to the program director of the EMT-P training program.
- | ~~➤e.~~ An out-of-region EMT-P student intern may not begin internship prior to successfully passing the ICEMA written examination.



FIRELINE PARAMEDIC

I. PURPOSE

To provide guidance and medical oversight for an ICEMA paramedic (EMT-P) deployed to function as a fireline paramedic (FEMP).

This protocol is for use by authorized FEMPs during fire suppression activities and treatment of fire suppression personnel only.

II. REQUIREMENTS

- Must be a currently licensed paramedic in California.
- Must be currently accredited paramedic in the ICEMA region.
- Must be currently employed by an ICEMA approved ALS provider.
- The FEMP will follow FIREScope FEMP ICS 223-11 Position Manual and all other ICS protocols.
- The FEMP will check in and obtain briefing from the Logistics Section Chief or the Medical Unit Leader, if established. Briefing will include current incident situation, anticipated medical needs, and local emergency medical system orientation.
- The FEMP will provide emergency medical treatment to personnel operating on the fireline.
- The FEMP will follow ICEMA prior to contact protocols if unable to contact the assigned base station.
- The FEMP may not perform skills outside of the ICEMA scope of practice.

III. PROCEDURE

- The EMS provider will notify ICEMA of the deployment of the FEMP to an incident. Use the Fireline Paramedic (FEMP) Deployment Notification form, which is on the ICEMA website at ICEMA.net.
- The FEMP will carry inventory in the advanced life support (ALS) pack as per the below inventory list (see Section IV. Fireline EMT-P (ALS) Pack

Inventory. Inventory will be supplied and maintained by the employing provider agency. Additional items for restock should also be maintained and secured in a vehicle or in the Medical Unit trailer.

- Incident Medical Units may not have the capability of resupplying controlled substances (narcotics). Providers should stock sufficient quantities of medical supplies and medications, especially controlled substance medications, to assure adequate supplies and medications.
- Narcotics must be under double lock and maintained on the FEMP person or secured in his/her vehicle at all times as per the ICEMA Drug and Equipment List.
- FEMP may carry an inventory of controlled substances (i.e., Fentanyl, Ketamine and Midazolam) if authorized by the employing agency's Medical Director. The authorizing Medical Director is responsible to assure full compliance with all federal and state laws relating to purchase, storage and transportation of controlled substances. Only controlled substances approved for use in the ICEMA region may be carried and their use must be in accordance with current ICEMA patient care protocols.
- Radio communication failure protocols will not be used. Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- Documentation of patient care must follow ICEMA protocol utilizing the ePCR, if available, or a paper OIA form. All patient care records will be reviewed by the provider agency and ICEMA for QI purposes.
- A FEMP will be paired with a fireline EMT (FEMT) or another FEMP who will assist with basic life support (BLS) treatment and supplies.

IV. FIRELINE EMT-P (ALS) PACK INVENTORY

Minimum Requirements: The weight of the pack will dictate if the EMT-P chooses to carry additional ALS supplies.

MEDICATIONS/SOLUTIONS

Medications/Solutions	ALS
Albuterol Solution 2.5 mg Handheld Nebulizer or Multidose Inhaler	4
Atropine Sulfate 1 mg	2
Ipratropium Bromide Solution 0.5 mg Handheld Nebulizer or Multidose Inhaler	4

Medications/Solutions	ALS
Lidocaine 100 mg IV pre-load	2
Aspirin 80 mg chewable	1 bottle
Dextrose 10%/250 ml (D10W 25 gm) IV/IO Bolus	1
Diphenhydramine 50 mg	4
Epinephrine 1: 10,000 1 mg	2
Epinephrine 1: 1000 1 mg	4
Glucagon 1 mg	1
Nitroglycerin - Spray 0.4 metered dose and/or tablets (tablets to be discarded 90 days after opening)	1 (equivalent of 10 patient doses)
Saline 0.9% IV 1000 ml may be divided in two 500 ml bags or four 250 ml bags.	
Tranexamic Acid (TXA) 1 gm	1

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	ALS
Midazolam	20 mg
Fentanyl (amount determined by the medical director)	200 - 400 mcg
Ketamine	120 - 1000 500 mg

ALS AIRWAY EQUIPMENT

Airway Equipment	ALS
Endotracheal Tubes - 6.0, 7.0 and/or 7.5 cuffed with stylet	1 each
Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight	1 each
Laryngoscope handle with batteries - or 2 disposable handles	1 each
King Airway - Size 3, 4, and 5	1 each
ET Tube holder	1
End Tidal CO2 Detector	1
Needle Cricothyrotomy Kit	1
Needle Thoracostomy Kit	1

IV/MEDICATION ADMINISTRATION SUPPLIES

IV/Medication Administration Supplies	ALS
IV administration set macro drip	2
Venaguard	2
Alcohol preps	6
Betadine swabs	4
Tourniquet	2
Razor	1
Tape	1
IV catheters - 14, 16, 18 and 20 gauge	2
10cc syringe	2
1 cc TB syringe	2
18 gauge needle	4
25 gauge needle	2

MISCELLANEOUS EQUIPMENT

Miscellaneous	ALS
Sharps container	1
Narcotic storage per protocol	
FEMP pack inventory sheet	1
Patient care record or ePCR (Toughbook)	
AMA forms	3

Equipment	ALS
Compact AED or compact monitor defibrillator combination	
Appropriate cardiac pads	
Pulse oximetry (optional)	
Glucometer, test strips and lancets	4

The BLS pack and supplies will be carried by the FEMT or accompanying FEMP. Personal items and supplies cannot be carried in either the ALS pack or the BLS pack.



TACTICAL MEDICINE FOR SPECIAL OPERATIONS

I. PURPOSE

To provide medical oversight and continuous quality improvement and establish policies and procedures for Tactical Medicine for Special Operations first responders who respond as an integral part of a Special Weapons and Tactics (SWAT) operations.

II. POLICY

- Tactical Medicine for Special Operations shall be developed and utilized in accordance with the “California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations” document that can be located on the EMSA website at emsa.ca.gov.
- Tactical Medicine for Special Operations and Tactical Medics/Tactical TEMS Specialists (Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), Paramedics (EMT-Ps), and Registered Nurses (RNs)) shall be integrated into the local EMS system, in coordination with ICEMA, the local Emergency Medical Services (EMS) Agency (POST, 2010).
- Tactical Medicine for Special Operations shall be reviewed and approved by ICEMA.
- Administration of this policy applies to EMTs, AEMTs, EMT-Ps, and RNs providing medical services within an established EMS Agency and as part of a recognized Tactical Medicine Program.
 - The medical scope of practice for EMTs, AEMTs and EMT-Ps is consistent with Title 22, Division 9 and all ICEMA protocols.
- Tactical Medicine for Special Operations should designate a Tactical Medicine Program Director as defined within POST and EMSA guidelines.
- Tactical Medicine for Special Operations should designate a physician as a Tactical Medicine Medical Director “to provide medical direction, continuous quality improvement, medical oversight, and act as a resource for medical contingency planning” (POST, 2010).
- Tactical Medicine for Special Operations should have components pertaining to planning, medical oversight, quality improvement and training as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.1-7) and *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

- Tactical Medicine for Special Operations should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the identified mission as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.2).

III. PROCEDURE

- All agencies that intend to provide a Tactical Medicine for Special Operations that include EMTs, AEMTs, EMT-Ps and RNs, will:
 - Submit an original application indicating the type of program. The Specialty and Optional Scope Program Application is available on the ICEMA website at ICEMA.net.
 - Submit a copy of the proposed program to include all information as listed on the application.
 - Provide a list of all EMTs, AEMTs, EMT-Ps and RNs assigned to the Tactical Medicine for Special Operations.
 - Tactical medicine personnel must be:
 - EMTs and AEMTs must be California certified.
 - EMT-Ps must be California licensed and accredited by ICEMA.
 - RNs must be licensed as a Registered Nurse in California and an authorized Flight Nurse or MICN within the ICEMA region.
 - Participate in ICEMA approved Continuous Quality Improvement process.

IV. TRAINING

Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* (March 2010) or *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

V. DRUG AND EQUIPMENT LISTS

Equipment and supplies carried and utilized by Tactical Emergency Medical Support (TEMS) personnel shall be consistent with the items listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* document. Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular Tactical Medicine for Special Operations (TEMS BLS or TEMS ALS).

The Tactical Medicine for Special Operations standard list of drugs and equipment carried by TEMS BLS or TEMS ALS medical personnel must be reviewed and approved by ICEMA prior to issue or use by EMT or EMT-P personnel.

TACTICAL MEDICINE OPERATIONAL EQUIPMENT RECOMMENDATIONS

Medications	BLS	ALS
Albuterol 2.5 mg with Atrovent 0.5 mg MDI		1
Aspirin 81 mg		1 bottle
Atropine Sulfate 1 mg preload		1
Dextrose 50% 25 gm preload		1
Diphenhydramine 50 mg		2
Epinephrine (1:1000) 1 mg		2
Epinephrine (1:10,000) 1 mg preload		2
Glucagon 1 mg		1
Naloxone 2 mg preload		2
Nerve Agent Antidote (DuoDote)		1
Nitroglycerine 0.4 metered dose or tablets (tablets to be discarded 90 days after opening)		1
Normal Saline 500 ml		2
Ondansetron 4 mg IV/IM/oral tabs		4
Tranexamic Acid (TXA) 1 gm		1

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	BLS	ALS
Midazolam		20 mgs
Fentanyl		200 - 400 mcg
Ketamine		120 - 1000 500 mg

AIRWAY EQUIPMENT

Airway Equipment	BLS	ALS
Chest seal and Flutter Valve		1
End Tidal CO2 (device may be integrated into bag)		1
Endotracheal Tubes - 6.0 and/or 6.5, 7.0 and/or 7.5, and 8.0 and/or 8.5 with stylet		1 each

Airway Equipment	BLS	ALS
ET Tube holder		1
King LTS-D Size 4 and 5	1 each if approved	1 each
Laryngoscope Kit		1
Nasopharyngeal Airways Adult	1 set	1 set
Needle Cricothyrotomy Device		1
Needle Thoracostomy Kit		1
Suction (hand held)	1	1
Ventilation Bag collapsible (BVM)	1	1

IV/MONITORING EQUIPMENT

IV/Needle/Syringes	BLS	ALS
AED (with waveform monitoring preferred)	1	1
AED Pads	1	1
Blood Pressure Cuff	1	1
IO Device and Needles		1
IV Needles 14-20 Gauge		1 of each
IV Start Kit		1
IV Tubing		1
Pulse Oximeter (optional)		1
Saline Flush		2
Saline Lock		2
Stethoscope	1	1
Syringes 3 cc, 5 cc, 10 cc		1 each

DRESSING AND SPLINTING

Dressing/Splints	BLS	ALS
CoTCCC - Recommended tourniquet system	1	1
Elastic compression dressing	1	1
Latex free gloves	1	1
N95 Mask	1	1
Occlusive dressing	1	1
Roller bandage	1	1
Splint - semi-ridged moldable	1	1
Sterile gauze pads	1	1
Tape	1	1
Trauma dressing	1	1
Trauma shears	1	1
Dressing/Splints	BLS	ALS
Triangle bandage	1	1
Hemostatic impregnated gauze non-exothermic, i.e., Combat Gauze (optional)	2	2

MISCELLANEOUS EQUIPMENT

Miscellaneous Equipment	BLS	ALS
Litter	1	1
Patient care record	1	1
Personal protection equipment (PPE)	1	1
Triage tags	10	10
Tactical light	1	1
Eyeware	1	1
Rescue blanket	1	1
Self-heating blanket	1	1